

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>11/20/02</u>		2 Serial/Pat nt # <u>09/820 092</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time			\$ <u>110</u>							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
<input type="checkbox"/>	Overpayment	Credit Deposit A/C #:									
<input type="checkbox"/>	Duplicate Payment	9 <table border="1"><tr><td>0</td><td>6</td><td>--</td><td>1</td><td>5</td><td>0</td><td>2</td></tr></table>			0	6	--	1	5	0	2
0	6	--	1	5	0	2					
<input type="checkbox"/>	No Fee Due (Explanation):										
<u>Authorized /</u>											
<u>Charged wrong fee</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>GILSON J</u>		TITLE: <u>Sr Atty</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>305 9199</u>									
OFFICE: <u>OP</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>11/21/02</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: